

Name of Person Signing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney's Bar Number (if applicable): _____

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

Name of Petitioner

Case Number: _____

Conciliation Case Number: _____

PETITION FOR CONCILIATION COUNSELING

Name of Respondent

Name of Judge assigned to your Superior Court case
(if applicable). If unknown call: (Phoenix) 602-506-1561
(Mesa) 602-506-2021

I, the Petitioner, respectfully represent as follows:

1. A controversy/disagreement between my spouse and myself exists. The help of the court is requested to effect a reconciliation or an amicable settlement of the controversy.
2. I, the Petitioner, fully understand that this Petition may not be withdrawn from Conciliation Services until the minimum required conferences have been concluded, or until the court ends the proceedings.
3. To the best of my knowledge, there ☐ **is** OR ☐ **is not** a Domestic Relations action (annulment, legal separation, or divorce) pending between my spouse and myself.
4. A Petition for Conciliation Counseling ☐ **has** or ☐ **has not** been previously filed in this court by either spouse.
5. My present address and telephone number is:

Address: _____
City, State, Zip Code: _____
Telephone Number: _____

6. My spouse's present address and telephone number is:

Address: _____
City, State, Zip Code: _____
Telephone Number: _____

7. The name(s) and age(s) of each minor child, including any stepchild(ren), whose welfare may be affected by the controversy are: (use additional sheets of paper if necessary.)

Name and Age: _____
Name and Age: _____
Name and Age: _____

8. Do you or the other party need an interpreter? Yes ☐ No ☐ If yes, what language? _____

RELIEF REQUESTED. Therefore, I request that the parties be ordered to attend Conciliation Services in an effort to effect a reconciliation of the spouses, or an amicable settlement of the controversies involved.

Today's Date: _____
Signature of Person Requesting Conciliation Counseling

Your attorney's name, address and telephone number:

Attorney's Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____

Your spouse's attorney's name, address, and telephone number:

Attorney's Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____